DOCUMENT RESUME

ED 320 705 PS 018 900

AUTHOR Smith, Sheila; And Others
TITLE One Program, Two Generations: A Report of the Forum on Children and the Family Support Act (November 9-10, 1989).
INSTITUTION Columbia Univ., New York, NY. National Center for Children in Poverty.; Foundation for Child Development, New York, N.Y.
PUB DATE 90
NOTE 58p.
AVAILABLE FROM Foundation for Child Development, 345 East 46th Street, Room 700, New York, NY 10017 (free).
PUB TYPE Collected Works - Conference Proceedings (021)

EDRS PRICE MF01/PC03 Plus Postage.
DESCRIPTORS Children; *Day Care; Early Childhood Education; *Employed Parents; Fathers; Federal Government; Federal Legislation; Government Role; *Health Insurance; Mothers; *Parent Role; *Program Implementation; Research Methodology; Research Needs; Welfare Services
IDENTIFIERS *Family Support Act 1988; Medicaid; *Program Monitoring

ABSTRACT

This monograph reports the key findings of the Foundation for Child Development's 1989 Forum on Children and the Family Support Act, a forum convened to examine the potential effects of the Family Support Act (FSA) on children. The following topics were addressed: (1) population and characteristics of children who will be affected by the FSA; (2) effects of mothers' transition to work on parenting and family functioning; (3) care arrangements for children and their implications for child development; (4) transitional and longer-term health care coverage for children; and (5) economic and parenting roles of fathers. Participants were an interdisciplinary group of researchers, public officials, program administrators, and representatives of foundations and national organizations. Analysis identified major lessons from available research that should guide both the implementation of state and local FSA programs and the development of related program and policy initiatives. It also specified important questions that should be answered in future efforts to monitor programs and study their effects on children and families. Supplemented by relevant research, Part I presents the key findings related to program planning and implementation. Part II outlines program monitoring and research questions and the types of studies needed for adequate understanding of the effects of the Act. A synopsis of the Family Support Act is appended. (RH)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

ED320705

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)
☐ This document has been reproduced as received from the person or organization originating it.
X Minor changes have been made to improve reproduction quality.
• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

SCOPE OF INTEREST NOTICE
The ERIC Facility has assigned this document for processing to:
In our judgment, this document is also of interest to the Clearinghouses noted to the right. Indexing should reflect their special points of view.

One Program, Two Generations

A report of the Forum on Children and the Family Support Act

PS 018900

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY
Sheila Smith
TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

BEST COPY AVAILABLE

Prepared by the Foundation for Child Development
in Partnership with the National Center for Children in Poverty

2

One Program, Two Generations

A Report of the Forum on Children and the Family Support Act

Sheila Smith
Susan Blank
James T. Bond

Prepared by:
the Foundation for Child Development
in Partnership with the National Center for Children in Poverty

1990

The Foundation for Child Development

The Foundation for Child Development supports policy, research and service programs that address the needs of poor children and their families. Currently, the foundation is focusing part of its program on the Family Support Act.

The National Center for Children in Poverty

The National Center for Children in Poverty was established in 1989 at Columbia University. Its goals are to strengthen programs and policies for children and their families who live in poverty in the United States. The Center seeks to achieve these goals through interdisciplinary analysis and initiatives in the areas of early childhood care and education, maternal and child health, child welfare and family support.

Foundation for Child Development
345 East 46th Street, Room 700
New York, New York 10017

National Center for Children in Poverty
Columbia University
154 Haven Avenue, 3rd Floor
New York, New York 10032

Acknowledgements

Since this report grows out of proceedings of the Foundation for Child Development's Forum on Children and the Family Support Act, it reflects the thought and effort of many people who were associated with that event. They include: the foundation's board members, who share a deep concern for children in poverty; Lindsay Chase-Lansdale and J. Brooks-Gunn, who defined and shaped the Forum sessions; the staff of the National Academy of Sciences, which hosted the conference; the authors and discussants of the Forum papers; the participants, who engaged in stimulating dialogue throughout the sessions; and Louis Sullivan, Secretary of the Department of Health and Human Services, who used the occasion of an address to the Forum to affirm the Department's interest in assisting children and families through the Family Support Act.

While this report aims to convey key ideas and recommendations that emerged from the Forum, the authors take full responsibility for the interpretations of its papers and discussions that are reflected in this publication. We nevertheless wish to thank a number of individuals who gave thoughtful comments on a draft of this document: Lynne Fender, Irwin Garfinkel, Olivia Golden, Robert Granger, Lorraine Klerman, Mary Nakashian and Ann Segal. At the Foundation for Child Development, Sheryl Dicker and Jane Dustan offered helpful suggestions on the report. Richard Ferreira reviewed the summary of the law contained in an appendix, and Mary Skinner reviewed several of the program descriptions.

The Foundation for Child Development has produced this document in partnership with the National Center for Children in Poverty, and thanks are extended to Judith Jones, Center Director, for her support of the project. Finally, we gratefully acknowledge the work of Barbara B. Blum, President of the Foundation for Child Development, whose leadership has been instrumental in developing this document and the foundation's program on the Family Support Act.

The Authors

Table of Contents

Preface 1
Introduction 3

Part I
Program Implementation 5

Education, Training and the Transition to Work 8
Child Care 11
Health Care 16
The Role of Fathers 19
Assessment and Case Management 22

Part II
Program Monitoring and Research 25

Program Monitoring and Research Questions 25
Data Collection and Research Strategies 31

Endnotes 37

Appendix A
Authors and Discussants of Forum Papers 41

Appendix B
Synopsis of the Family Support Act 45

Preface

In 1988, Congress enacted the Family Support Act (FSA). This law is designed to strengthen the nation's child support enforcement system; to help welfare recipients move into the labor market, primarily through participation in state education and training programs; and to provide them with support services to facilitate that transition. Shortly after the law went into effect, it became a priority concern for the Foundation for Child Development.

The foundation shares an interest in the Family Support Act with a number of organizations, including groups like the National Governors' Association, the American Public Welfare Association and others that were instrumental in shaping the legislation. To these groups and their constituencies and to many members of Congress, the law holds forth hope of effecting major improvements in the nation's public welfare and child support systems. In devoting attention to the Family Support Act, the foundation also seeks to further two goals that are more specific to its mission of helping at-risk children.

The first goal is to highlight the importance of taking children's needs—and indeed those of the entire family constellation—into account as the law is put into practice. The second is to use research on FSA initiatives as a "window" through which the nation can acquire a clearer view of the lives and circumstances of the highly disadvantaged population of children who will be affected by the law. The foundation will pursue these goals by extending support to FSA policy, research and dissemination projects that concern children.

We hope that this work will contribute to significant improvements in children's health and development. This hope, however, does not obscure an awareness of the constraints that could govern the implementation of the Family Support Act over the next several years. There is, for example, the possibility that so much energy could be consumed in fulfilling the basic requirements of this complex law that there would remain only limited opportunities to use its provisions to develop innovative or enriched ser-

vices for children and families. A second problem is that the capacity of states to carry out the law's basic provisions—for example, to develop strong employment and training programs—could be compromised by the limitations on funds likely to be available for FSA programs. Another constraint is that the law, even if it succeeds in helping families move from welfare dependence to self-sufficiency, may do little to address the problems of families who will thereby join ranks of the working poor.

Without minimizing the significance of these concerns, the foundation views them as cautionary signposts, not insurmountable barriers. As discussed in this monograph, the Family Support Act, while by no means a perfect instrument for reforming services for poor families, remains one of the most promising opportunities for change to present itself to this generation of policymakers, service providers, scholars and others who work on behalf of poor children.

This view of the law led the foundation to convene its November, 1989 *Forum on Children and the Family Support Act*. One of the major purposes of the conference was to begin to develop a research agenda consisting of the key questions about the law's effects on children and families. The Forum also recommended that research on the Family Support Act be closely linked to the concerns of policymakers and practitioners. To meet many different needs, these research efforts must be diverse, encompassing studies that examine the long-term effects of the law on children and families, efforts to carefully document and monitor the numerous program variations that the law will generate, and demonstrations of exemplary models.

Forum participants did not limit their discussion to an agenda for future research. They were emphatic that scholars have an obligation to communicate existing research lessons that can strengthen the capacity of FSA programs to serve children and families. It is in that spirit that this monograph presents a series of research-based recommendations for the implementation of the law. If these recommendations serve their intended purpose, they will help to stimulate the dialogue that must take place if the full potential of this important new legislation is to be realized.

Barbara B. Blum
President
Foundation for Child Development

Introduction

This monograph reports the key findings of the Foundation for Child Development *Forum on Children and the Family Support Act*, held November 9-10, 1989. The Forum convened an interdisciplinary group of researchers, public officials, program administrators, and representatives of several foundations and national organizations to examine the potential effects of the Family Support Act (FSA) on children. A set of commissioned papers and Forum presentations provided background information for discussion (see Appendix A for a list of authors and discussants).[1]

The Forum benefitted from the expertise of researchers in the fields of child development, health, economics and sociology. Other participants contributed their knowledge of child and family services and state options for FSA program design. The following topics were addressed:

- the population and characteristics of children who will be affected by the Family Support Act,
- the effects of the mother's transition to work on parenting and family functioning,
- care arrangements for children and their implications for child development,
- transitional and longer-term health care coverage for children,
- the economic and parenting roles of fathers.

The Forum presented the first opportunity for a systematic analysis of research relevant to the different provisions of the Family Support Act and the effects of those provisions on children's health and development. This analysis produced two sets of recommendations reported here.

First, it identified the major lessons from available research that should guide the implementation of state and local FSA programs and the development of related program and policy initiatives. Existing research indicates a number of supports that should be available to fami-

lies participating in FSA programs: Forum participants strongly recommended the application of this knowledge to program planning.

Second, the Forum identified the important questions that should be answered in future efforts to monitor programs and study their effects on children and families. Participants agreed that it is very important that we try to learn about the actual benefits and harm of different programs implemented under FSA so that we gain the knowledge needed to improve these programs and related services.

Organization of the Findings

This monograph reports on both sets of recommendations that emerged from the Forum. **Part I** presents the key findings related to **program planning and implementation.** Forum findings are supplemented by additional relevant research. **Part II** outlines the **program monitoring and research questions** and the types of studies that Forum participants identified as critical to our future understanding of the effects of the Family Support Act on children.

The Forum discussions reflected the view that if the Family Support Act is to reach its full potential, there must be ongoing and close connections among program development, monitoring and evaluation activities. By examining both implementation and research issues, this monograph is intended to encourage the practitioners, policymakers, funders and scholars concerned with FSA to explore ways of forging such connections.

Part I
Program Implementation

This section briefly reviews the goals of the Family Support Act and characteristics of the children who will be affected by FSA programs. It then presents the Forum's recommendations for program implementation in five sections related to major provisions of FSA: 1) education, training and the transition to work, 2) child care, 3) health care, 4) the role of fathers and 5) assessment and case management. Examples of promising state FSA legislation and program plans are described in boxes to illustrate several of the recommendations. Many of the relevant provisions of FSA are briefly noted. A synopsis of the entire Family Support Act can be found in Appendix B.

The Goals of the Family Support Act

For families dependent on welfare assistance, FSA is arguably the most important piece of federal legislation passed in this decade. The fundamental purpose of this complex law is twofold:

- to redesign the current welfare system so that it better reflects society's interest in fostering the economic self-sufficiency of low-income parents, particularly single mothers; and
- to strengthen governmental efforts to ensure that noncustodial parents support their families.

While these two goals emphasize changes in the parent's employment status and the family's economic security, the sponsors and supporters of the Family Support Act also envisioned improvements in the life chances of children.[2] Although the aim of creating better opportunities for children has wide support, specific goals for improved child health, development and educational outcomes are not stated in the act and have not been prominent in program planning.

Most of the tasks associated with the law involve the development of new education and training programs for adults and administrative changes to implement these services and the child support provisions of

FSA. Given the daunting nature of these tasks, it is not surprising that they have thus far been the primary focus of attention. Yet to define the Family Support Act solely in terms of objectives related to child support and parental employment is to dismiss available knowledge of how to improve children's opportunities to grow up healthy, competent and prepared for self-sufficiency in adulthood.

A Two-Generation Prevention Program

The Forum underscored the *potential* of FSA programs, in combination with other service systems and reforms, to improve the life chances of disadvantaged children by addressing their health and educational needs as well as the vocational needs of their parents. From this perspective, FSA could be a *two-generation prevention program* that can lessen the chance that the *children* of parents participating in FSA programs will ever need such assistance themselves.

According to available research, a child's school achievement and social adjustment are related to the quality of his educational environment—within the family and in out-of-home care and schooling.[3] That environment is influenced by family income and parent education.[4] A primary aim of FSA is to improve the parent's employment status. FSA programs may also raise parents' level of education. There is little evidence, however, that benefits will automatically accrue to children if FSA achieves these aims. Significant improvements in the life chances of low-income children will depend on several essential supports, including a nurturing parent-child relationship, high quality child care and education, and adequate health care.

The Family Support Act represents one of the first opportunities to link together the family supports that research suggests are likely to promote these conditions of healthy development and produce long-term benefits for low-income children. These supports include:

- services to enhance parenting and family functioning,
- high quality child care and education,
- preventive and primary child health care,
- basic education and vocational training,
- supports to help parents maintain employment,
- assessment and case management.

Not all families will require high levels of support. However, many of the children whose parents will participate in FSA programs are at serious risk of health problems and educational failure. Put into practice as a two-

generation prevention program that addresses the needs of individual families, FSA can significantly reduce this risk.

Who are the Children Who Will be Affected by FSA?

The children who will be affected by FSA are among the most vulnerable in our society. On almost every indicator of health and well-being, children in families receiving Aid to Families with Dependent Children (AFDC)—and those in poverty, more generally—experience a higher incidence of poor outcomes than children in more advantaged families. Poverty is strongly associated with school failure, adolescent pregnancy and juvenile delinquency.[5] From the prenatal period onward, poor children also suffer higher rates of serious health problems, including prematurity and low birthweight, chronic and handicapping conditions, lead poisoning, nutritional deficiencies and developmental delay. Also, the incidence of accidental and intentional injuries to children is disproportionately high in low-income families.[6,7]

Taken together, these indicators of children's health and well-being indicate that throughout their development, poor children are at great risk of problems that diminish their opportunities to acquire the competencies they need for productive adult lives. The causes of these problems are complex and involve interactions among features of the home environment, out-of-home care and schooling, and the larger community.[8] Just as children in poverty are at risk of serious health and developmental problems, their parents are likely to experience greater stress and to possess fewer personal, family and financial resources for coping than more advantaged parents.[9] Such problems as domestic violence, substance abuse and depression are common consequences of this stress.

The vulnerability of children whose parents will participate in FSA programs and the stress that characterizes the lives of many parents receiving AFDC should be a foremost consideration as FSA programs are designed and implemented. To the extent that programs *reduce* children's risk of poor health and educational outcomes, the Family Support Act is likely to enhance their future prospects for employment and self-sufficiency.

For planning purposes, it would be helpful to know the relative proportion of children in different age groups whose parents will participate in FSA programs, since children's needs will vary with age. Similarly, certain groups of adult participants, such as adolescent mothers or parents with limited English proficiency, are likely to have particular needs to which FSA programs can be tailored. Although FSA targeting favors certain groups, including adolescent parents and people who have been dependent on welfare for

long periods of time, it is not yet possible to predict with any precision which families will be served in different proportions by FSA programs. Over time, however, it will be important to offer services that are targeted to adults with particular needs and to children of different ages. This monograph highlights the needs of very young children, since it is this age group that has heretofore been excluded from most welfare-to-work programs.

Education, Training and the Transition to Work

The main thrust of welfare reform is to promote economic self-sufficiency among current AFDC recipients, most of whom are single mothers. This goal is to be achieved primarily through the Jobs Opportunities and Basic Skills (JOBS) program. JOBS calls for the initial assessment of the client's needs and the development of an individualized employability plan to which the agency and client must agree. Education, job training and job readiness activities are provided to the extent necessary to achieve the agreed-upon goals. The agency responsible for JOBS may also undertake job development. The most innovative feature of the JOBS program is its emphasis on education, including basic skills remediation, high school completion or its equivalent, and even post-secondary education related to employability goals.

Findings and Recommendations

Education and Training

The quality and level of JOBS education and training programs are likely to have significant effects on children. There are several pathways by which education and employment training can affect children's well-being and development. Research has shown that maternal education is strongly associated with the child's achievement in school and eventual level of educational attainment.[10] Available research offers few insights about the impact of *changes* in the mother's educational level.[11] However, it is likely that increased educational attainment, resulting from participation in JOBS, will have positive effects on children. Mothers who improve their literacy and math skills, complete high school or the equivalent, and in some cases obtain post-secondary education, are likely to have higher educational aspirations for their children. Moreover, these accomplishments and the brightening of future prospects for the family could also have a positive influence on parenting by improving the mother's self-esteem, motivation and sense of personal control.

Available research indicates that the favorable impact of education on mothers and children continues to increase with post-secondary education.[12,13] In addition, labor market analyses and projections clearly point to the growing necessity of post-secondary education and training for employment in jobs that pay enough to support a family.[14] Thus, efforts by JOBS programs to provide education and training at this level could yield substantial benefits.

Special Needs of Parents

The majority of JOBS participants will be single mothers. Many were themselves raised in poverty, or near poverty, and suffer from its effects. Many lack literacy skills and work experience.[15] The life circumstances of these mothers, which may include poor housing, economic insecurity, dangerous neighborhoods, and inadequate social support, often cause chronic stress. For these reasons, it is not surprising that poor single mothers, when compared to other women, have been found to have a greater incidence of depression and anxiety, and poorer physical health.[16] It is well known that such conditions can damage parenting capacities and contribute to developmental and behavioral disturbances in children.[17] For adolescent parents, one group targeted by FSA, these problems may be exacerbated by the added burden of parenting at a young age and adolescents' relative lack of maturity.

JOBS programs should integrate social supports and parenting education into basic education, job training and related services. Because the mental health and parenting problems of many JOBS participants can have detrimental consequences for their children, programs should seek opportunities to reduce parents' social isolation and enhance their parenting skills. Research suggests that many participants and their children would benefit from parenting education that is practical and "hands-on." Programs that provide opportunities for modeling positive adult-child interactions and give participants a chance to practice new parenting skills may be especially effective in changing parents' behavior.[18]

For adolescent parents in school, there may be excellent opportunities for school-based child care and parenting education that allow the adolescent to interact with her child during the school day. Since young parents are likely to have infants and toddlers, these programs have the added advantage of increasing the amount and quality of time parents can spend with their children at a critical period in the parent-child relationship.

Basic educational, remedial and job training programs can weave other important forms of parenting education and peer support into

their activities. These could include family literacy services (see Box on the PACE program) and sessions providing information about child development, child health, family planning, balancing work and family demands, choosing high quality child care and effective parent involvement in children's schooling. By encouraging discussion, such classes can also provide peer support for the parent's adjustment to the new challenges and demands of participation in JOBS.

The PACE Program
Education for Two Generations

Parents who have trouble reading typically want their preschool-aged children to learn, but lack important skills to help them do so. Their children are further disadvantaged if they do not have access to an enriched educational program before they go to school. To meet both of these needs, The PACE (Parent and Child Education) program was established in 1986 to offer intergenerational instruction to parents and young children. Now operating in 14 different sites in Kentucky and widely replicated elsewhere, PACE uses complementary strategies to break the cycle of intergenerational illiteracy. Parents of three- and four-year-old children take part in literacy, adult basic education and GED training offered through the program, while their children attend PACE preschool classes. Joint parent-children sessions help the adult participants strengthen their parenting skills and become more effective teachers to their children.

Although PACE programs are operated through local school districts, the state welfare department recently began using federal funds to support two new PACE demonstrations exclusively devoted to serving welfare recipients. At these sites, welfare workers help recruit participants by informing eligible clients about the program. The welfare department also provides funds to cover participants' transportation and child care costs.

Contact:
Jeanne M. Heberle
PACE Coordinator
Kentucky Department of Education
Division of Community Education
1920 Capital Place
Frankfort, KY 40601
(502) 564-2117

Transition to Work

The limited research on AFDC recipients' efforts to enter and sustain employment indicates that a significant proportion of JOBS participants will need considerable support **during two periods:** preparation for employment (education, training and job search) and during the early phases of employment.[19] It is clear that adequate basic education and vocational skills are requisites for finding employment and performing well in a job. In addition, JOBS programs will need to maintain supports, in the form of frequent contacts and personal counseling, for

many clients after they find jobs (see Box on Project Match). Programs can also work in partnership with employers to establish mutual goals and promote needed supports in the workplace for newly hired JOBS participants. Sustained support to help clients maintain employment

Project Match
A Long-Term Relationship with Participants

Staff of Project Match believe that for many young single mothers, the transition from welfare to work is an extended process with a natural pattern of setbacks and incremental achievements. This Chicago demonstration program uses case management to link clients with employment and training programs and private sector jobs. After a woman is placed in a first job or training program, staff continue to seek her out and offer her help through successive stages of adjustment to work and school.

Clients are counseled about how to solve problems they encounter on their jobs. Many do not remain in their first jobs for very long, but staff continue to work with them to help them find other positions or places in suitable training programs. A study that followed the progress of a group of clients found that over time, they became more self-reliant job-seekers and their job retention rates and average wage rates showed some improvements. The reality that must be structured into programs, conclude Project Match staff, is that many young mothers will not leave welfare with one job or training placement. Still, they observe, a program that makes a long-term commitment to helping these women handle setbacks can significantly improve their life chances and those of their children.

Contact:
Toby Herr
Project Director
Project Match
1276 North Clybourn Avenue
Chicago, IL 60610
(312) 266-6464

could yield large benefits. The parent's experience of success in moving out of welfare dependence and the family's improved chances of economic self-sufficiency are both likely to improve outcomes for children.

Child Care

The provisions for child care assistance in the Family Support Act reflect an understanding that affordable child care is essential to parents' preparation for work and ability to remain employed. Under FSA, parents are guaranteed child care assistance during their participation in approved education and training activities and for a period of 12 months after they become ineligible for AFDC benefits due to employment earnings. The parent may be required to help pay for child care, on a sliding-fee scale, during the 12-month period of transitional child care benefits.

Federal regulations instruct states to allow parents to choose the type of care they prefer from available options. Care outside the home must meet applicable health, safety and quality standards set by state and local law. However, parents are permitted to select child care arrangements that are not covered by state and local licensing or registration rules.

States are reimbursed by the federal government for a share of the total cost of child care. The maximum reimbursable cost of child care can rise to the 75th percentile of the local market rate, with the federal share paid at the state's Medicaid rate (but not lower than 60 percent). Federal matching funds are available for resource and referral services that can inform parents of local child care options. Another important provision of the Family Support Act is a requirement that child care be coordinated with Head Start and other existing early childhood programs.

Findings and Recommendations

The Quality of Child Care Matters

The benefits of high quality early childhood care and education are now well established. It is clear that children need care that not only keeps them safe, but also actively promotes their social, emotional and cognitive development. Research provides strong evidence of the link between several indicators of quality care and the child's acquisition of competencies that contribute to success in school. The important indicators of quality care that have been identified in research are: adequate staff/child ratios, small group size, caregiver continuity, and activities that support children's language, exploration, and other developmental competencies. Higher levels of education and training for caregivers are typically associated with higher quality care and improved child outcomes.[20,21]

Three-and four-year-old children from poor families should be offered care that is designed to prepare them to succeed in school. Options for providing this care include: 1) placing children in high quality child care that has an enriched developmental curriculum; 2) linking child care with half-day early childhood programs, such as Head Start and state-sponsored preschool; and 3) extending half-day preschool programs to accommodate parents' work hours. Research has demonstrated long-term benefits of good early childhood education for low-income children. Among those benefits are reduced placement in special education, increased rates of high school completion, and lower incidences of adolescent pregnancy and juvenile delinquency.[22]

Children under age three—infants and toddlers—can benefit from care in a setting that provides a stable, nurturing caregiver who can give the child a large amount of individual attention. The basic ingredients of adequate care for infants and toddlers are well known. The caregiver and the child care environment, whether it is a center or home, must actively encourage the child's exploration, play and language development. It is also essential that the caregiver respond sensitively to the child's need for comforting, praise and social interaction. Features of both the physical environment, such as a safe place to move about and age-appropriate play materials, as well as characteristics of the caregiver, contribute to the quality of care for infants and toddlers.[23] Child care that lacks active support for the development and emotional well-being of the infant or toddler can damage the child's urge to learn and relate to others, hurting his chances of later success in school.

Steps to Ensure Quality Child Care in FSA Programs

Several actions that can be taken by FSA programs and by broader state and local child care initiatives were recommended at the Forum as essential steps toward ensuring high quality care of children affected by the Family Support Act.

1. *Assess children's needs.* FSA programs should establish procedures to carefully assess the match between children's needs and child care options. The appropriate care arrangements for a child will depend on her special needs and the characteristics of the parent and home environment. Children who are most at risk of developmental problems include children of adolescent parents; children with an identified developmental delay or handicapping condition; and children who come from homes or neighborhoods where there is family disruption, violence, substance abuse and other types of severe stress. The risk of developmental damage to these children can be greatly reduced by placing them in high quality care with an enriched developmental curriculum. Similarly, children with health problems and those at risk of inadequate health care should be placed in programs that provide on-site or linked health monitoring and services, such as Head Start.

2. *Encourage informed parental choice.* Parents will be afforded real choice in finding care for their children only if they are fully informed about child care options. FSA programs should provide clear information about the benefits of high quality care and the

indicators of quality care for children of different ages and with special needs. Some states are using resource and referral agencies to help parents compare the quality of different child care options (see Box on Children's Council). Parents must also consider the reliability of available child care arrangements. Some research suggests that informal care with relatives or friends

The Children's Council of San Francisco/Child Care Switchboard
Arranging for Child Care Through a Resource and Referral Agency

When a woman enters San Francisco's GAIN Program, the county's welfare-to-work program, she is encouraged to make an informed choice about the kind of child care she needs. Participants are automatically referred to the Children's Council, a local child care resource and referral agency that has been serving parents and the child care community for 16 years. Most participants take advantage of the opportunity for a consultation at the Council's office, which is located only a short distance from the GAIN office.

A participant learns about the various kinds of care available to her and is assigned to a counselor, who will continue to help her with any child care issues that arise throughout her stay in GAIN. The counselor always refers her to two or more providers. The parent is given advice on how to judge the health, safety and quality of a particular situation. In addition to what she learns from talking to the counselor, she can read Council pamphlets on child care, which are produced for GAIN in English, Spanish, Chinese and Vietnamese.

The Council is responsible for setting up all contracts for child care services and payments to providers. Staff also provide in-service training sessions on child care issues and practices to GAIN staff members and contact providers to encourage them to serve GAIN participants.

Contact:
Gwen Tillman
GAIN Child Care Manager
Children's Council of San Francisco/
Child Care Switchboard
1435 Market Street
San Francisco, CA 94103
(415) 864-1881

tends to collapse over time, causing higher rates of parent absenteeism and work disruption.[24] In addition, we currently know very little about the quality of informal care arrangements. It should be recognized, however, that *high quality* regulated care is not available in many communities.[25] Therefore, the assessment of the quality and reliability of child care options will have to be conducted on an individual basis. The likelihood that families will be able to find good, reliable child care will also depend on the levels of reimbursement for child care costs that states estab-

lish for FSA programs. Inadequate child care allowances will severely limit parents' choice of adequate care.[26]

3. *Develop the supply of affordable high quality care and early childhood education.* State and local-level investments designed to increase the supply of child care and improve its quality are needed in most states to ensure adequate care for children of parents who participate in FSA programs. These investments include: recruitment and training of providers, salary enhancements, improvements in licensing standards to conform to the widely endorsed quality requirements set by the National Association for the Education of Young Children, broader coverage of licensing to include currently exempt family day care, and the development or expansion of good early childhood education programs that can meet the needs of working parents.

4. *Help parents avoid the child care "cliff."* Currently, funds for subsidized child care for low-income working parents are limited. Demand for this child care, supported now by Title XX and state funding, is likely to increase as AFDC parents reach the end of the 12-month period of transitional child care benefits. Since current waiting lists for subsidized child care are long and the need will grow as FSA participants enter the workforce, it is essential to begin planning now for increased assistance to low-income working parents. Families should be offered assistance in planning for child care that is suitable after transitional child care benefits are discontinued. For children who will turn age three or four during this period, planning should emphasize the value of an enriched early childhood program, whether provided by high quality child care or preschool, that can help prepare the child for school.

Child Care for School-Age Children

The regulations for the Family Support Act permit federal reimbursement for child care for children up to age 12. Federal reimbursement is disallowed for the care of children over 12 years of age, except under special circumstances, such as when a child is physically or mentally incapable of self-care. Although research on the risks of self-care among children in disadvantaged neighborhoods is limited, there is some evidence that young adolescents who lack adult supervision show an increased susceptibility to peer pressure that encourages undesirable behavior.[27] It is likely that unsupervised young adolescents living in areas of concentrated poverty, crime and drug abuse will be at greater risk of school failure and delinquency than children not exposed to such risks.

Given the current dearth of subsidized after-school programs for children of all ages, implementors of FSA and others concerned with at-risk children and youth should stimulate the development of programs that supervise children after school hours. There is evidence that well designed after-school programs can improve children's academic skills.[28] In addition, school or community-based programs could offer recreational, social and community service activities that promote the healthy development of at-risk children and young adolescents.

Health Care

Under the Family Support Act, families leaving AFDC for employment will be eligible for transitional Medicaid benefits for a period of 12 months. During the second six months, a premium can be charged if family income exceeds the federal poverty line. The transitional Medicaid extension was included in the act both to support continued access to health care and to provide an incentive to families for moving off AFDC.

Findings and Recommendations

Medicaid Benefits

The transitional Medicaid coverage under FSA will clearly benefit children and parents. Research indicates that insured children are more likely than uninsured children to receive adequate health care.[29] Families' access to health care during the transitional period can help reduce the prevalence of health problems and disabilities in children that have been found to interfere with their parents' ability to work.[30] The extension of parents' Medicaid coverage may also support their work efforts. Research has shown that low-income mothers, especially adolescent mothers receiving AFDC, often suffer from inadequate nutrition, chronic illnesses, and vision and hearing impairments that limit their participation in welfare-to-work programs.[31]

While the Medicaid program has vastly improved health care for poor children, services under Medicaid may have some drawbacks. Children covered by Medicaid tend to receive less preventive health care and to lack a "medical home"—a source of primary health care that offers continuity of services.[32] These problems might be ameliorated by health education of parents, although in some communities the declining number of physicians who accept Medicaid is another obstacle to adequate care.[33]

The Early and Periodic Screening, Diagnosis and Treatment Program

FSA programs should strongly encourage families' participation in the Early and Periodic Screening, Diagnosis and Treatment Program (EPSDT). As a mandated part of Medicaid, EPSDT is designed to provide children with health and developmental screening and follow-up services. Available evidence indicates that EPSDT identifies treatable health problems in a significant proportion of children who are screened, results in improved health status of participating children, and may actually reduce medical costs.[34]

Unfortunately, the great potential of EPSDT to improve the health and development of low-income children has not been realized. In 1988, only 31 percent of eligible children participated in the program. One reason for low participation is that outreach efforts are weak in many states.[35] The Family Support Act offers an important opportunity to increase the use of the EPSDT program by actively encouraging parents to take advantage of its services. This outreach could be formally incorporated into the initial assessment of FSA program participants. Findings of

EPSDT in Minnesota's JOBS Program
Using FSA as a Route to Better Health Care for Children

State legislation to enact FSA in Minnesota explicitly incorporated EPSDT into JOBS program activities at several key points. The law requires that all AFDC recipients be given information on the availability and benefits of the program during their JOBS orientations, and that results of EPSDT screenings must be reviewed when JOBS participants are assessed. Case managers, who work with participants judged to be most at risk of long-term welfare dependence, must encourage their clients to have children screened. It is too early to know whether these mandates will translate into strong endorsements of EPSDT by program workers or into expanded use of the program by JOBS participants. But by passing legislation that recognizes EPSDT as integral to the overall JOBS program, Minnesota has taken an encouraging step towards the provision of better preventive health care to families.

Contact:
Paul Timm Brock
Director
Assistance Payments Division
Department of Human Services
444 Lafayette Road
St. Paul, MN 55155-3834
(612) 296-0978

child health screenings and a schedule for continued participation in EPSDT and special health or developmental services should also be reflected in the JOBS employability plan and in case management.

The high incidence of health problems among poor children and the benefits of early detection and treatment of such conditions as hearing

and vision impairments argue for strong efforts to increase families' use of EPSDT. In addition, recent changes in the program have strengthened its provisions for ongoing assessment and follow-up services.[36] One state FSA program mandates outreach to enroll children in EPSDT (see Box on Minnesota's JOBS program). Other states could consider similar measures.

Health Education

Health education should be offered to parents throughout participation in a JOBS program. This education should provide parents with information about the health care needs of their children, the prevention of injuries in children, the availability of family planning services, and other health care and insurance options. Encouraging parents' access to family planning services may be especially important for young mothers receiving AFDC. Research has shown these mothers to have high rates of repeat pregnancies that interfere with job training and employment.[37] The creative use of videos, mailings containing information about health services, and direct counseling in JOBS programs can greatly increase the likelihood that parents will have the information they need to protect their own health and the health of their children. Opportune times for offering health education might include orientation, assessments, and JOBS education and training sessions.

The Health Care "Cliff"

When transitional Medicaid benefits are terminated, many children will be left without any form of health care insurance. The simultaneous end of health care and child care assistance at the end of the transitional 12-month period will create a double financial burden for parents whose jobs fail to provide coverage for dependents or require employees to pay costly shares of health care expenses. Many smaller employers, concentrated in the retail and service industries, do not offer any health benefits.[38] Even among larger employers—those with 100 or more workers—only 32 percent of workers receive fully paid family coverage.[39] Once Medicaid coverage lapses, many newly employed former AFDC recipients may forego health coverage, while others will allocate a large share of household income to health insurance premiums or direct payments for care. Some families may opt to leave employment in order to regain Medicaid coverage under AFDC. Among families with serious health problems, research has shown Medicaid coverage to be a strong inducement to seek welfare assistance.[40]

Helping families avoid the health care "cliff" requires a combination of action by FSA programs and broader initiatives to improve access to health care for low-income working families:

- JOBS programs can try to direct parents to employers that offer family health coverage. These programs should make every effort to identify employers that offer adequate health insurance for parents *and* dependents.
- States should implement the option, established by federal legislation, of extending Medicaid coverage to pregnant women and children under the age of one in families with incomes up to 185 percent of the poverty line and for children ages one through seven in families with incomes up to 100 percent of the poverty line.
- Many different proposals for reducing the high number of uninsured families are under consideration at the state and federal level. These include plans for further Medicaid expansions, mandates and incentives for employer coverage, and state risk pools. FSA is likely to increase pressure to identify and institute the best reforms. A recent analysis of several of the major proposals suggests differences in the extent to which each plan emphasizes adequate health coverage for *children*.[41] Therefore, the examination of broader health initiatives that can help families moving from welfare dependency to self-sufficiency should pay close attention to the content and scope of coverage that would be available to children.

The Role of Fathers

The Family Support Act makes three major changes that have implications for the fathers of AFDC children. First, the law's Title I provisions significantly strengthen previous child support statutes that pertain to the establishment of paternity, award levels, and the collection of child support payments. It should be noted that Title I, unlike other parts of the law, is not limited to AFDC children but covers all children in families eligible for child support. In part, the provisions reflect the growing concern about the decline of the traditional two-parent family in the United States, a trend that extends well beyond AFDC families.[42] By incorporating the provisions on noncustodial parents into FSA, Congress affirmed a belief in the need for fathers as well as mothers to provide for their children.

The second feature of the law relevant to fathers is that it offers five states the option of enrolling unemployed noncustodial fathers in JOBS pro-

grams. Third, the act mandates the AFDC-UP program for two-parent families in all states.

Findings and Recommendations

Child Support

Many fathers of AFDC children will be unable to contribute significantly to the support of their children unless their own economic opportunities improve. Statistics show that AFDC children currently receive very little support from absent parents. Only 18 percent of absent fathers of AFDC children made formal child support payments in 1983.[43] It is not known how many fathers offered support on an informal basis. The Title I provisions could secure more support from absent fathers in three ways: by increasing the number of eligible children assigned awards by the courts, by raising the average size of the awards, and by increasing the amount of child support that fathers actually contribute to the family.[44]

The effect of all three measures will be limited by what fathers are able to pay. One study estimates that the absent fathers of AFDC children have incomes that are approximately 45 percent below the average incomes of other absent fathers. The incomes of young, never-married fathers are even lower.[45,46] Furthermore, the earnings of young men in the labor force have deteriorated significantly over the past decade. Research released in the mid-1980s suggests that in many inner city areas, job opportunities for poor minority males have become extremely scarce.[47]

To test efforts that might improve the capacity of AFDC fathers to support their children, states should consider the opportunity to operate demonstrations that enroll noncustodial fathers in JOBS programs. They should also explore other strategies that allow these fathers to meet their child support obligations by taking part in employment and training (see Box on the TAPP program). Finally, states should assess their employment and training systems to determine if services are accessible to these fathers and responsive to their needs. In many cases, it will be necessary to complement JOBS services for AFDC mothers with an expanded supply of high quality employment and training services for fathers.

AFDC and child support enforcement agencies should adopt a long-range view of helping families achieve self-sufficiency. While families are on AFDC, child support payments have little effect on their incomes. With the exception of a $50 monthly payment to a recipient, the balance of the payment is used to offset the welfare grant. Some argue that these practices lead AFDC mothers to conclude that it is not important to

secure awards. However, these women should be encouraged to recognize that an award could represent a significant addition to their incomes once they leave the welfare rolls. Monthly payments of $200 to

The Teen Alternative Parenting Program (TAPP)
Encouraging Parental Commitments from Young Fathers

The TAPP program, operated by the Child Support Division of the Marion County, Indiana Prosecutor's Office, permits unemployed teen fathers to fulfill part or all of their child support obligations through "in-kind" payments. Participants are given credits, which offset their financial obligations, for a variety of activities: maintaining regular visitation schedules with their children, continuing school or pursuing a GED, and participating in parenting classes and vocational training. Each father signs a 90-day contract with the program, specifying the activities he will take part in to receive credit.

Preliminary evidence suggests the program has had mixed success, with some participants remaining engaged in the services and others failing to follow through on their commitments. At this point, however, TAPP's innovative practices merit further exploration. Child support enforcement systems have traditionally pursued adolescent fathers for payments that many are unable to make or have placed a low priority on contacting this population. TAPP approaches these young men more constructively, offering to help them improve their long-range capacity to meet their obligations to their children.

Contact:
Nita McSwine
Coordinator
TAPP Program
Marion County Prosecutor's Office
Child Support Division
143 East Market Street
Indianapolis, IN 46204
(317) 263-6107

a single mother with one child substantially raise the income she would earn from a near minimum wage job, equalling an average increase of about $1.20 an hour after taxes.

It is also important to take a long-range view of the child support obligations of young fathers of AFDC children. Because these fathers typically earn very little, there has been relatively little interest in bringing them into the child support system. Over the long term, however, they could become important sources of support for their children. Many will be unable to realize that potential unless special efforts are made to help them enter the labor market. Investments in such efforts may be investments in the long-term self-sufficiency of families.

Child Support Assurance Systems

Child support assurance systems are a promising alternative to the welfare system. Some economists have concluded that the AFDC system should be

replaced with one that assumes that mothers who are able to work will be supported by a combination of their own earnings and a child support payment provided either by the father or, to the extent that he does not meet that obligation, by the state. New York State is currently testing this approach in its Child Assistance Program demonstration. Economists who favor an assurance system believe that child support income creates a strong incentive for single mothers to work by providing them with more income than they could attain through earnings alone.[48,49]

AFDC for Two-Parent Families (AFDC-UP)

States should provide full-year coverage for AFDC-UP recipients. States with new AFDC-UP programs can limit coverage to only six months a year. While the impact of the AFDC-UP program on families has not been rigorously studied, available evidence suggests that this restriction might harm children. In the early 1980s several states eliminated long-standing AFDC-UP programs. Over a period of months after they had lost the coverage, roughly a third of families that had been receiving AFDC-UP became eligible for AFDC largely because fathers had left the households.[50] Thus, removing AFDC-UP protection from families for part of each year could weaken their capacity to stay intact during extended periods of unemployment.

Assessment and Case Management

The success of welfare reform will depend on the capacity of FSA programs to identify, track and address the changing needs of JOBS participants and their children. Critical to these functions are the FSA provisions for the initial assessment of JOBS participants and ongoing case management. FSA requires that the program conduct an initial assessment of JOBS clients and their families in order to determine the parent's employability. In this assessment, the parent's needs for child care and for job readiness services such as remedial education or vocational training are identified, and this information is used to develop a plan to prepare the client for employment. The initial assessment may also be used to review needs of the parent, child and family that could be met with other supportive services.

FSA also provides for federal reimbursement of ongoing case management. This service is not required, but could be offered to any group of JOBS participants at the discretion of the state program. The Family Support Act defines case management primarily as a means of helping the parent obtain the services and supports that will facilitate her efforts, in

accordance with the employability plan, to become self-sufficient. At the same time, since FSA allows broader consideration of the child's needs, case management could also be used to secure such vital services for the child as health and developmental screening and intervention, placement in an enriched early childhood program, or after-school care and tutoring for an older child having difficulties in school.

Research evidence of the benefits and cost-savings of many types of health and educational interventions provides strong support for assessments that examine the full range of the family's problems and needs and for services that respond to these needs.[51,52] Currently, little is known about effective models of providing assessments through welfare agencies or using case management to address the needs of both adults and children. However, available studies of welfare-to-work programs that used case management suggest that this program element may enhance educational and employment outcomes for adults.[53] One reason for these results may be that case management provides ongoing assessments of participants' needs and personalized encouragement and support.

Research on the identification of children at risk of poor developmental and educational outcomes suggests that certain kinds of information, gathered through assessments and case management, could be used to determine children's special needs.[54] Information about the quality of the child's home environment, health history, and concerns the parent might have about the child's development can alert program staff to children's needs for health or developmental interventions or further professional assessments. The development of effective tools for obtaining this kind of information in FSA programs is an important task for program implementors and child health and development experts.

Experimentation with different strategies to train welfare agency workers to conduct assessments and case management will yield valuable lessons if the effectiveness of these efforts is carefully monitored (see Part II of this monograph). Welfare agencies can also evaluate the benefits of collaborating with specialists who can perform assessments of parent, child, and family needs in particular areas and also provide case-management services. These specialists might include health practitioners and staff of resource and referral agencies and family support programs. In all of these efforts, a critically important challenge will be the development of practices that are sensitive to participants' culturally based values and expressions of personal needs, aspirations, and childrearing concerns. While progress has been made toward the formulation of culturally sensitive practices in the design of child care and family support programs, there is much to learn about achieving this goal in welfare-to-work programs.[55,56]

Although only a small number of welfare programs are currently attempting to serve the multiple needs of families and children (see Box on the IFS program), it is already clear that welfare agencies have the potential to assist families in a variety of critical areas. Welfare agencies can offer

Integrated Family Services Program
Case Management to Help the Whole Family

Typically, welfare departments focus on individual adult recipients. Oklahoma's Integrated Family Services (IFS) Program, operated by the Department of Human Services, gives AFDC workers a way of securing help for all family members whose situations warrant more assistance than the AFDC system alone can provide. IFS case managers serve multiple-need families, many of whom are on AFDC. They are families who are apt to feel overwhelmed by the task of negotiating the service system–for example, families with a health crisis, parents who are battling drug addiction, or adolescent mothers who are unable to cope with their parenting responsibilities. Case managers establish a personal relationship with the family members, work with them to develop a plan to secure services and help them follow it.

IFS is distinguished by its close connections with community service providers. Each month the program convenes a council, made up of representatives from public and private social service agencies, to discuss service needs in the community. IFS counselors also devote considerable time and energy to mobilizing their communities to provide new or additional services to fill in gaps that they discover in the course of their work.

Contact:
Donna Stahl
Director of Integrated Services
IFS Program
Department of Human Services
P.O. Box 25352
Oklahoma City, OK 73125
(405) 521-3079

such assistance by functioning as a center of intake and referral and by directly providing or purchasing services. Finally, welfare agencies can take a lead role in convening program administrators to plan for the development and coordination of services for FSA families.[57]

Part II
Program Monitoring and Research

This section presents guidelines for program monitoring and research efforts that are needed to determine the effects of the Family Support Act on families and children and the characteristics of those programs that truly benefit children. Our future understanding of whether FSA helps give children a fair chance to grow up healthy and prepared to lead productive adult lives will depend on these efforts. Moreover, improvements in FSA programs and related supports for families will depend on our capacity to learn from experience.

Many different types of program monitoring, data collection and research will be needed to document variations in FSA programs and to assess the influence of these on critical family and child outcomes. This section first outlines questions related to the different components of FSA programs and to families' overall program experience. Following that outline is a discussion of major data collection strategies.

Potential sponsors and directors of the work suggested in this section include the federal agencies, state and local officials and program administrators, public policy and advocacy organizations, scholars and foundations. While the questions raised here may be of interest to all potential sponsors, it is clear that any single sponsor or agency—whether public or private—could address only a subset of the important questions. The discussion in this section is intended to illustrate a range of information needs and data collection strategies with the hope that different audiences will consider the relevance of these to their particular resources and responsibilities.

Program Monitoring and Research Questions

Education, Training and Transition to Work

The skills, experience and special needs of each parent entering a JOBS program will strongly influence her ability to effectively participate in education and training, enter and sustain employment, and function as both a worker

and parent. The match between a parent's needs and the kinds of supports and employment preparation she receives in JOBS is one of the most important dimensions of FSA to evaluate. Expected outcomes of a good match are: better jobs for parents who enter employment, greater satisfaction and better job performance, higher earnings, and less program and employment attrition. Children are likely to benefit from all of these outcomes, barring other factors that might harm them, such as low quality child care.

Key Questions:

- Are the education and job training services offered to parents sufficient to prepare them for employment that offers reasonable opportunities for increased income and job satisfaction? For example, programs might need to help a significant proportion of participants acquire basic reading and math skills.
- In the different populations that will be served by FSA programs, what is the prevalence of serious problems signalling dysfunction and severe parenting deficits such as alcohol and substance abuse, mental health problems, and child abuse or neglect? What services are provided to alleviate these problems?
- Is parenting education offered to parents to enhance their parenting skills and knowledge of children's health and development needs? Does the program incorporate peer support to encourage parents' efforts to move from welfare to work?
- Is counseling available to participants after they enter employment to help them solve work problems and stay employed?
- What changes in parenting behavior occur during and after participation in JOBS? How are these changes related to stress, self-esteem, life goals, mental health, use of social supports and supportive services? Beneficial changes in parenting might include improvements in the home environment that support healthy child development, more positive interactions with the child, insistence on high quality child care, and—for parents of older children—more involvement in the child's schooling.

Child Care

Many aspects of FSA child care will require investigation since child care will have direct effects on the child's well-being and development and will also influence the parent's ability to participate in job training and work. It

will be important to document child care arrangements and the determinants of where a child is placed when the parent enters a JOBS education or training program. In addition, it will be essential to track the quality and stability of care over time—from entry into a JOBS program to the period after transitional child care benefits are discontinued. Because this period of child care represents a large portion of the child's early learning experiences, it is likely to have a significant effect on his development.

Key Questions:

- How are parents informed of child care options?
  - Are parents given information about the characteristics of high quality care?
  - How are the special needs of the child taken into account in helping the parent decide on placement? For example, are parents helped to find enriched programs for children with developmental delays?
- How are the quality and stability of child care affected by:
  - variations in methods and levels of funding?
  - different approaches to assisting parents in their decisions about child care?
  - preexisting conditions of the site's early childhood service system, including the supply of care and quality standards?
- What are the important characteristics of care that influence the parent's ability to use the care as a support for training and work? The proximity of care to the parent's home or workplace and the reliability of care are likely to be important variables.
- How are variations in the funding, type, stability and quality of care related to child outcomes? *We currently know very little about the quality and effects of family day care and care by relatives.*

Health Care

As the discussion in Part I indicates, the Family Support Act creates new opportunities for improved health care services for children. There are also concerns that children will lose health care coverage after the period of transitional Medicaid benefits. It will be crucial to track positive and negative changes in medical coverage, use of health services, and health status that are related to a parent's participation in FSA and to different kinds of

subsequent employment. Such changes, in addition to having consequences for children's immediate well-being, might also affect their overall development and success in school. Keeping a child in good health is also critical to the parent's ability to participate in JOBS and to maintain employment.

Key Questions:

- How well do different components of the JOBS program promote adequate health care for adult participants and their children?
  - Does the initial assessment permit the identification of children's special health problems and the quality of their current medical care?
  - Are families encouraged to use EPSDT?
  - How are families advised about the value of primary health care for children and the need for immunizations?
  - What practices promote the good health of mothers and access to family planning services?
  - What efforts are made to direct parents into types of employment that provide health care coverage for both the adult worker and dependents or to otherwise ensure families' access to primary health care?
- How is the child's health status related to the family's health care coverage and to the family's use of health services across each transition period? Children's health status should be tracked across three periods: before and after entry into JOBS, during the period of transitional Medicaid benefits, and after Medicaid benefits are discontinued. *Special attention should be given to evaluating whether children receive services needed to prevent and treat conditions, such as asthma or hearing impairments, that can impede normal development.*

The Role of Fathers

Very little is currently known about how children are affected by the involvement of the noncustodial father. While the primary goal of the FSA child support provisions is to increase the father's economic support of the family, it is possible that a change in material support might also encourage fathers to become more involved parents. For example, fathers might spend a greater amount of time with the child or take a more active role in decisions that affect the child's well-being. The following questions concern

changes in the father's role and the child's well-being that might result from FSA child support provisions, as well as from demonstrations to enhance the employability of noncustodial parents and the new mandate for AFDC-UP.

Key Questions:

- What conditions lead to the greatest increases in fathers' economic support of children? Among the key variables to investigate are:
  - administrative procedures for child support enforcement,
  - education and job training opportunities for fathers,
  - support services to help fathers find jobs and maintain employment.
- What effects does mandated child support have on fathers' parenting involvement and relationship to the family?
- In states that limit AFDC-UP assistance to six months, what are the consequences for the family's economic and social stability after assistance is discontinued?
- How do changes in levels of child support and fathers' involvement affect children's development?

Assessment and Case Management

The implementation of the Family Support Act as a two-generation prevention program will require careful assessments of the needs of both parents and children, and ongoing efforts to meet these needs through the direct provision of services or linkage to supports available outside the JOBS program. The role of frontline workers and supervisors in carrying out these responsibilities is critical to the success of FSA programs. Yet little is currently known about effective strategies for conducting assessments and case management in two-generation programs. Even less is known about the best means of providing training and support to staff who may have limited experience in helping families that may need a variety of educational, social and health services. FSA is likely to stimulate experimentation with many different assessment and case-management practices. Program monitoring and research that document the effects of these practices can yield valuable new guidelines for improving these key components of FSA programs.

Key Questions:

- What features of staff training and assessment procedures are related to the program's capacity to provide adequate supports for children and parents? The key features that should be evaluated include:
  - the range of parent, family, and child needs that are assessed and the methods of assessment,
  - the use of special screening and assessment procedures, such as developmental screening, to detect handicapping conditions in children,
  - the training characteristics of workers who conduct the initial assessments,
  - workers' attitudes toward their new responsibilities and perceptions of their preparation and effectiveness,
  - the use of specialists—other professionals or agencies—to assist with assessments.
- What procedures are used to link the initial assessment to services and family participation? These procedures might include contracts between clients and the agency, case management, and a schedule of repeated assessments to chart changing needs of families.
- What features of case management and the local service environment influence the provision of appropriate services to families and children? Among the key variables are:
  - the training and responsibilities of case managers,
  - the size of caseloads and the duration and level of service to families,
  - procedures for targeting the most-in-need families,
  - the availability of local services and the existence of formal and informal links between the welfare agency and such services as child care, substance abuse treatment, family support programs and school-based child services.
- What approaches to case management have the most positive effects on the parent's participation in JOBS and the child's health and development?

Families' Overall Participation in FSA Programs

The preceding questions are related to the implementation of specific provisions of FSA and the possible effects of these separate components. But because families will typically participate in many aspects of the program, it is important to conceptualize outcomes that result from *interactions* among the different parts of the program and from resulting changes in family resources and experiences over time. The following general questions suggest broader avenues of research that can investigate whether, and under what circumstances, FSA programs harm or benefit children. Of course, many of the more specific questions outlined above are relevant to this research.

Key Questions:

- What are the characteristics of programs that are most successful in helping parents achieve economic self-sufficiency?
- What child health, developmental, and educational outcomes are associated with programs that place more or less emphasis on the assessment of children's needs and on efforts to meet these needs through supportive services and JOBS?
- How do programs affect family functioning and parent-child relationships? What types of programs are most beneficial for different kinds of families?

Data Collection and Research Strategies

The following discussion illustrates the major data collection strategies that are needed to address the important program monitoring and research questions identified at the Forum. It should be noted that several important studies funded by foundations and federal agencies are already underway.[58] However, the development of essential program monitoring and research is still at an early stage, and much planning and work towards these efforts remains to be done. It is hoped that the design of complementary studies—in some cases replicating methods and measures—will be facilitated by ongoing dissemination of program documentation and research.

The major strategies discussed here are: 1) large-sample impact studies, 2) nested studies, 3) evaluations of model programs, and 4) documentation of program implementation. These strategies are not mutually exclusive, but highlight particular designs, areas of measurement and goals.

Large-Sample Impact Studies

The effects of FSA programs on children will depend upon a great variety of factors, including the actual services and supports the program provides, the employment opportunities and supports available to families following participation in JOBS education and training, the personal characteristics and resources parents bring to the program, and the special needs of their children. In order to assess the impact of different kinds of programs on different types of families, it will be important to conduct studies that use relatively large samples across multiple program sites.

Large-sample studies could include representative samples of the types of families that will participate in FSA, such as adolescent parents with very young children or older parents who have been dependent on AFDC for long periods. Such research would permit within-study comparisons of certain program effects. For example, parental stress, a predictor of child outcomes at all ages, might vary in relation to the social service supports provided by programs as well as the characteristics of parents. Alternatively, separate large-sample studies could focus on different types of families. Important features of large-sample studies will be:

- Careful documentation of program characteristics so that differences in child and parent outcomes can be interpreted in relation to differences in programs.
- Inclusion of measures of nonprogram variables that might mediate program effects. These include family characteristics and changes in the parent's functioning.
- Selection of measures that can be practically and reliably administered in multi-site field research.

Nested Studies

Certain important research questions will require measures that cannot be used easily with a large number of families. For example, more meaningful assessments of children's developmental status in the early years require observational measures that must be administered by highly trained persons. Similarly, measuring changes in parenting and family functioning that might be related to program participation and to child outcomes often necessitates in-depth interview assessments. The design of large-sample studies offers opportunities for nested studies with smaller subsamples and more intensive measurement of key variables. The findings from the small-sample studies will be helpful in interpreting results from the larger-scale studies from which they draw samples. An example of this research strate-

gy is the recently completed National Day Care Staffing Study, which examined relationships between the characteristics of child care workers and the quality of programs in five cities. In a subsample of centers in one city, the study documented relationships between program quality and child development outcomes.[59]

Evaluating Model Programs

Much of our current knowledge about effective family and early childhood interventions derives from demonstrations of exemplary programs that were carefully designed, implemented and evaluated. While research on natural variations in FSA program implementation will help identify features of programs that have positive effects on families, the potential of two-generation prevention programs to break the cycle of intergenerational poverty might be demonstrated most clearly in studies of model programs. These studies would investigate the effects of programs that ensure high quality support services such as enriched child care and job preparation services. Such studies could vary the quality of one or more service components and compare parent and child outcomes across levels and types of services.

In contrast to natural variation studies, evaluations of model programs usually permit a moderate degree of control over program content and quality. This feature contributes to meaningful interpretations of differences in parent and child outcomes. For example, the hypothesis that parent education services or enriched child care significantly improves developmental outcomes for children of JOBS participants could be tested in controlled comparisons that vary one or more well delineated parts of a program.

A Note on Measures of Child Well-Being and Development

Families' participation in FSA programs and related services could affect many domains of child well-being and development. Among these are: intellectual functioning, school achievement, social and emotional adjustment, and physical health. Choosing measures for a particular study that seeks to assess child outcomes is a very complex task. The availability of reliable and valid measures for these child outcomes varies across domains and child ages. For example, measures of cognitive development in the first years of life are typically poor predictors of intellectual functioning or achievement in later childhood.[60] Other considerations include the duration of the study, the amount of time and resources available for assessment, and hypotheses about the likely effects of FSA and related programs. Interchanges among directors of studies that share research interests and

foci may help to illuminate these issues and support the choice of the best available measures.

Considerable progress is being made toward the identification of measures of children's well-being and development that can be used efficiently in large-sample national surveys.[61] Moreover, recent analyses have suggested ways of improving sources of state and national data to include indices of the well-being of children and families.[62,63] These efforts could lead to the collection of much better information about the effects over time of major social programs, including the Family Support Act.

Documenting Program Implementation

The documentation of FSA programs will require a variety of measurement and descriptive strategies to record important features of programs that might affect parents' success in job training and employment, changes in parenting and family functioning, and child health and development outcomes. Documentation strategies might include: program descriptions based on interviews with administrators and workers, parents' accounts of their experience in programs, records of caseloads and service participation, and the collection of information about administrative procedures. In some cases, reliable assessment tools already exist. For example, the quality of center-based child care can be meaningfully assessed with available observation scales; alternatively, indices of quality such as child-staff ratios and caregiver training can be used.[64] In many other instances, new methods of recording, describing and assessing FSA programs will need to be developed.

Documentation of program content, quality and intensity will be very important in all types of studies that assess the impact of FSA programs on children. Without adequate knowledge of the services and supports parents and children receive in FSA programs, it would be difficult to explain why families fare better in some programs than others and to use research findings to identify characteristics of effective programs.

Documentation of basic program features and administrative procedures will also be useful in preliminary assessments of FSA implementation. We already know a great deal about the characteristics of effective programs for children and families. Therefore, documentation of such program components as high quality child care and services to identify and treat serious family dysfunction will provide information for evaluating the likely benefits of programs well in advance of results from research that directly measures child and family outcomes. This documentation will also provide information for state and local policymakers and program administrators interested in program variations and innovative practice.

A Note on Sponsors and Directors of Data Collection and Research

Certain data collection strategies will be especially suited to different sectors that can sponsor and direct program monitoring and research. For example, *government agencies* might tailor the collection of administrative, participation or survey data to permit the investigation of several of the questions outlined in this monograph. *Community foundations* that support local service projects related to the Family Support Act could encourage program evaluations. Many *advocacy organizations* have expertise in documenting program implementation and patterns of family participation. *National foundations* and *federal agencies* may be in the best position to sponsor longitudinal studies that can investigate the long-term effects of FSA programs on children and families. Their broad perspectives can enhance the design of evaluations of variations in FSA programs and related model programs.

Finally, the role of an *interdisciplinary research community* is paramount in these efforts. Scholars from the fields of child development, economics, health policy, human services, and sociology will be needed to assess the effects of FSA programs on children and families, and the costs and savings associated with different service models. To the extent that program administrators can work with scholars to plan research and program monitoring, these efforts will result in data collection that is relevant to the key concerns of implementors and policymakers.

Endnotes

1 The papers commissioned for the Forum will be available in a forthcoming edited volume.

2 Heintz, S. *Investing in Poor Families and their Children: A Matter of Commitment, Final Report, Part I: One Child in Four.* Washington, D.C.: American Public Welfare Association, 1986.

3 Brooks-Gunn, J. *Opportunities for Change: Effects of Intervention Programs on Mothers and Children.* Paper prepared for the Foundation for Child Development Forum on Children and the Family Support Act, Washington, D.C., 1989.

4 Goldstein, N. "Explaining Socioeconomic Differences in Children's Cognitive Test Scores." Discussion paper No. H-90-1, Center for Health and Human Resources Policy, John F. Kennedy School of Government, Harvard University, Cambridge, Massachusetts, 1990.

5 Spencer, M.; Blumenthal, J.; and Richards, E. "Child Care for At-Risk Children and the Family Support Act." Paper prepared for the Foundation for Child Development Forum on Children and the Family Support Act, Washington, D.C., 1989.

6 Klerman, L. "Improving the Health of Infants and Young Children in Poverty." Paper prepared for the National Center for Children in Poverty, Columbia University, New York, 1988.

7 Goldstein, *Op. Cit.*

8 Garbarino, J. "The Human Ecology of Early Risk," in Meisels, S. and Shonkoff, J., eds.; *Handbook of Early Childhood Intervention.* Cambridge: Cambridge University Press, 1990.

9 Parker, S.; Green, S.; and Zuckerman, B. "Double Jeopardy: The Impact of Poverty on Early Development." *Pediatrics Clinics of North America,* Vol. 35:6, 1988.

10 Goldstein, *Op. Cit.*

11 Brooks-Gunn, *Op. Cit.*

12 *Five Million Children: A Statistical Profile of Our Poorest Young Citizens.* National Center for Children in Poverty, Columbia University, New York, 1990.

13 Samaroff, A.; Seifer, R.; Barocas, B.; Zax, M.; and Greenspan, S. "IQ Scores of Four-Year-Old Children: Social-Environmental Risk Factors." *Pediatrics,* Vol. 79:3, 1987.

14 Johnson, W. and Packer, A. *Workforce 2000: Work and Workers for the 21st Century.* Indianapolis: Hudson Institute, 1987.

15 Polit, D. and O'Hara, J. "Support Services," in Cottingham, P. and Ellwood, D., eds.; *Welfare Policy for the 1990s.* Cambridge, Massachusetts: Harvard University Press, 1988.

16 Belle, D. *Lives in Stress.* Beverly Hills: Sage Publications, 1982.

17 Parker *et al., Op. Cit.*

18 Powell, D. *Families and Early Childhood Programs.* Research monograph of the National Association for the Education of Young Children, Washingon, D.C., Vol. 3, 1989.

19 Ritter, M. and Danziger, S. *After Supported Work: Post Program Interviews with a Sample of AFDC Participants.* New York: Manpower Demonstration Research Corporation, 1983.

20 Bredecamp, S. *Developmentally Appropriate Practice in Early Childhood Programs Serving Children from Birth through Age 8.* Washington, D.C.: National Association for the Education of Young Children, 1987.

21 Whitebook, M.; Howes, C.; and Phillips, D. *Who Cares? Child Care Teachers and the Quality of Care in America.* Executive Summary, National Child Care Staffing Study. Oakland, California: Child Care Employee Project, 1989.

22 Weikart, D. "Quality Preschool Programs: A Long-Term Social Investment." Paper no. 5, Ford Foundation Project on Social Welfare and the American Future. New York: Ford Foundation, 1989.

23 Bredekamp, *Op. Cit.*

24 Polit and O'Hara, *Op. Cit.*

25 Whitebook *et al., Op. Cit.*

26 Cherlin, A. "Child Care and the Family Support Act: Policy Issues." Paper prepared for the Foundation for Child Development Forum on Children and the Family Support Act, Washington, D.C., 1989.

27 Seligson, M. and Fink, D. *No Time to Waste: An Action Agenda for School-Age Child Care.* Wellesley, Massachusetts: School Age Child Care Project, 1989.

28 *Ibid.*

29 Lobach, K. "Health Policy in the Family Support Act: Implications for Quality of Health Services to Children." Paper prepared for the Foundation for Child Development Forum on Children and the Family Support Act, Washington, D.C., 1989.

30 Polit and O'Hara, *Op. Cit.*

31 Klerman, L. "Health Care Component of the New Chance Demonstration." New York: Manpower Demonstration Research Corporation, 1986.

32 Lobach, *Op Cit.*

33 Wolfe, B. "Health Policy for Children Affected by the Family Support Act: Economic Issues." Paper prepared for the Foundation for Child Development Forum on Children and the Family Support Act, Washington, D.C., 1989.

34 Klerman, 1988, *Op. Cit.*

35 *Ibid.*

36 Memorandum from the Children's Defense Fund. "Re: News from Washington, D.C.," 1990.

37 Polit, D.; Quint, J.; and Riccio, J. *The Challenge of Serving Teenage Mothers: Lessons from Project Redirection.* New York: Manpower Demonstration Research Corporation, 1988.

38 Wolfe, *Op. Cit.*

39 *Employee Benefits in Medium and Large Firms.* Washington, D.C.: Bureau of Labor Statistics, Department of Commerce, 1989.

40 Wolfe, *Op. Cit.*

41 Cislowski, J. "A Review of Proposals to Expand Health Insurance Coverage Availability." Working paper commissioned by the National Forum for the Future of Children and Families, National Academy of Sciences, Washington, D.C., 1989.

42 Garfinkel, I. and McLanahan, S. *Single Mothers and Their Children: A New American Dilemma.* Washington, D.C.: The Urban Institute Press, 1986.

43 Lerman, R. "Child Support Policies," in Cottingham, P. and Ellwood, D., eds; *Welfare Policy for the 1990s.* Cambridge, Massachusetts: Harvard University Press, 1989.

44 Garfinkel, I. and McLanahan, S. "The Effects of the Child Support Provisions on Child Well-Being." Paper prepared for the Foundation for Child Development Forum on Children and the Family Support Act, Washington, D.C., 1989.

45 Lerman, *Op. Cit.*

46 Garfinkel, I.; Robins, P.; and Wong, P. "The Wisconsin Child Support Assurance System: Estimated Effects on Participants." Discussion Paper 833-87, Madison, Wisconsin: Institute for Research on Poverty, 1987.

47 Wilson, W.J. *The Truly Disadvantaged: The Inner City and Public Policy.* Chicago: University of Chicago Press, 1987.

48 Lerman, *Op. Cit.*

49 Garfinkel *et al.*, 1987, *Op. Cit.*

50 *A Children's Defense Fund Budget: An Analysis of the 1987 Budget and Children.* Washington, D.C.: Children's Defense Fund, 1986, p.143.

51 *Children in Need: Investment Strategies for the Educationally Disadvantaged.* A Statement by the Research and Policy Committee of the Committee for Economic Development, New York, 1987.

52 *The Common Good: Social Welfare and the American Future.* Ford Foundation Project on Social Welfare and the American Future. New York: Ford Foundation, 1989.

53 Polit and O'Hara, *Op. Cit.*

54 Meisels, S. and Provence, S. *Screening and Assessment: Guidelines for Identifying Young Disabled and Developmentally Vulnerable Children and Their Families.* Washington, D.C.: National Center for Clinical Infant Programs, 1989.

55 Weiss, H. and Jacobs, F.; eds. *Evaluating Family Programs.* New York: Aldine DeGruyter, 1988.

56 Powell, *Op. Cit.*

57 Golden, O. "Welfare Reform and Poor Children: An Interim Report." Paper prepared for the Foundation for Child Development Forum on Children and the Family Support Act, Washington, D.C., 1989. A final report of this study of the potential for using assessments and case management in multi-service family programs will be released in the fall of 1990.

58 Two examples are, a) research directed by Neil Gilbert at the Family Welfare Research Group, University of California at Berkeley: "Social Implications of Welfare Reform for Family Life," supported by the Smith-Richardson Foundation and the Walter S. Johnson Foundation and b) "The Impact of JOBS on the Children

of Participants: A Substudy of the JOBS Evaluation," supported by the U.S. Department of Health and Human Services.

59 Whitebook, *Op. Cit.*

60 Cicchetti, D. and Wagner, S. "Alternative Assessment Strategies for the Evaluation of Infants and Toddlers: An Organizational Perspective," in Meisels, S. and Shonkoff, J., eds.; *Handbook of Early Childhood Intervention.* Cambridge: Cambridge University Press, 1990.

61 *NLSY Child Handbook: A Guide and Resource Document for the National Longitudinal Survey of Youth 1986 Child Data.* Columbus, Ohio: Center for Human Resource Research, The Ohio State University, 1989.

62 Smeeding, T. and Zill, N. "Measuring the Impact of the Family Support Act on Families and Children: What's There vs. What's Ideal." Paper prepared for the Foundation for Child Development Forum on Children and the Family Support Act, Washington, D.C., 1989.

63 Zill, N. "National Surveys of Children and Families as Data Resources for Planning and Evaluating the Family Support Act." Paper prepared for the Foundation on Child Development Forum on Children and the Family Support Act, Washington, D.C., 1989.

64 Whitebook, *Op. Cit.*

Appendix A
Authors and Discussants of Forum Papers

Authors

Janet B. Blumenthal
Visiting Assistant Professor
Division of Educational Studies
Emory University

Jeanne Brooks-Gunn
Senior Research Scientist
Educational Testing Service

P. Lindsay Chase-Lansdale
Senior Program Associate
for Developmental and Family Research
Chapin Hall Center for Children
University of Chicago

Andrew Cherlin
Professor
Department of Sociology
Johns Hopkins University

David Ellwood
Professor of Public Policy
John F. Kennedy School of Government
Harvard University

Frank F. Furstenberg, Jr.
Professor
Department of Sociology
University of Pennsylvania

Irwin Garfinkel
Professor of Social Work
Institute for Research on Poverty
University of Wisconsin

Katherine S. Lobach
Assistant Commissioner
for Child and Adolescent Health Services
New York City Department of Health

Sara McLanahan
Professor
Department of Sociology
University of Wisconsin

Elizabeth Richards
President
Corporate Child Care Consultants, Ltd.

Timothy Smeeding
Professor of Public Policy and Economics
Vanderbilt University

Margaret Beale Spencer
Associate Professor
Division of Educational Studies
Emory University

Maris Vinovskis
Professor
Department of History
University of Michigan

Julie Wilson
Lecturer in Public Policy
John F. Kennedy School of Government
Harvard University

Barbara Wolfe
Professor
Departments of Economics and Preventive Medicine
University of Wisconsin

Nicholas Zill
Executive Director
Child Trends, Inc.

Discussants

J. Lawrence Aber
Associate Professor of Psychology
Department of Psychology
Barnard College

Rebecca Blank
Associate Professor
Department of Economics and
School of Education and Social Policy
Northwestern University

Cynthia Garcia Coll
Associate Professor of Pediatrics
Brown University Program in Medicine

Arthur Elster
Director
Department of Adolescent Health
American Medical Association

Judith M. Gueron
President
Manpower Demonstration Research Corporation

Rebecca Maynard
Vice President
Mathematica Policy Research, Inc.

Vonnie McLoyd
Associate Professor
Center for Human Growth and Development
University of Michigan

Joseph Stevens
Professor
Department of Early Childhood Development
Georgia State University

Appendix B
Synopsis of the Family Support Act

Many of the provisions of the Family Support Act are discussed in the body of this monograph. This appendix presents a more detailed background to and summary of the legislation.

Background

The Aid to Families with Dependent Children (AFDC) program, established by the Social Security Act of 1935, provides cash welfare payments to single-parent families, usually female-headed. In addition, states have been permitted, and under the Family Support Act are required, to provide benefits to two-parent families with incomes below eligibility levels set by the states in which the principal wage earner is unemployed.

The federal government pays a little more than half of AFDC costs. Within broad federal guidelines, program administration, benefit levels, and eligibility standards are state responsibilities. Benefits are not indexed to inflation, and the real value of the median state AFDC monthly benefit for a family of four fell by more than one-third between 1970 and 1987.[1] Virtually all states define the monthly costs of a family's basic needs as below the poverty line; and actual benefit levels, which vary widely among states, are often set well below that standard.

Originally, AFDC was conceived as a means of assisting children whose mothers were widowed, with benefits allowing these mothers to stay at home while raising their children. Over the years, however, the program came to serve primarily families with separated, divorced or never-married mothers. When the AFDC program commenced, most mothers of young children stayed at home, but by the mid-1980s, over half of married women with children under six were in the paid workforce.

These changes, combined with growing concerns about persistent poverty and welfare dependency, set the stage for efforts to reform AFDC by

1. *A Children's Defense Budget FY89*. Washington, D.C.: Children's Defense Fund; p. 92.

transforming it from an exclusively cash benefit program into a system that also helped welfare mothers become self-sufficient. The first AFDC work program, the Work Incentive (WIN) program, was established in 1967. With some exceptions, AFDC recipients with children over age six were required to register for WIN. Funding limitations, however, significantly restricted the ability of the states to develop WIN services.

In 1981, Congress permitted states greater discretion in the way they designed and operated WIN programs. Despite continued funding limitations, a number of states took advantage of this opportunity by making new or increased use of such techniques as structured job search requirements, community work experience (work in exchange for benefits), and work supplementation (the use of AFDC payments to subsidize jobs for recipients). A few states established programs that gave greater emphasis to education and training and provided more resources for support services.

This growing state interest in experimenting with welfare-to-work initiatives was one impetus for the 1988 enactment of the Family Support Act. Another factor contributing to support for the legislation was the evaluation of a group of new state welfare-to-work programs carried out by the Manpower Demonstration Research Corporation (MDRC). The study indicated that overall the programs resulted in modest improvements in recipients' employment and earnings rates.

A third important source of interest in welfare reform was the effort of human service commissioners, reflected in the *One Child in Four* report published by the American Public Welfare Association, to propose solutions to the problem of rising rates of childhood poverty. A related impetus for change was public concern about the need for a productive U.S. workforce. As the proportion of young people in the nation's population decreased, more attention was focused on the wasted potential of unemployed welfare recipients, and on that of their children, who might grow up without benefit of family role models for labor force participation. Finally, concurrent with the interest in AFDC reform, there was growing sentiment in favor of mandating that noncustodial parents contribute to their children's support.

It was against this background that the Family Support Act was passed. The final regulations for implementing the law, issued in October 1989, describe its overall purpose:

> *The Family Support Act embodies a new consensus that the well-being of children depends not only on meeting their material needs, but also on the parent's ability to become economically self-sufficient. The Statute assumes that full self-sufficiency and family responsibility are necessary and achievable goals. The Statute further recognizes the mutual obligations of parents,*

who are currently dependent, to work toward self-sufficiency through private employment, and of the government to support that effort.

"The law," according to one recent summary of its provisions, "puts federal muscle (both funds and sanctions) behind trends that have been taking shape for a number of years."[2]

Title I: Child Support and Establishment of Paternity

These provisions constitute an extension of preexisting amendments to the Social Security Act to enhance child support collection. In 1975 Congress added Part D to Title IV of the act, creating a federal Office of Child Support Enforcement and requiring each state to establish a corresponding agency to help enforce child support for all children dependent on AFDC. Since 1980, IV-D services have been available in non-AFDC cases when requested by the custodial parent. Legislation in 1984 extended the period during which paternity action could be taken to a child's eighteenth birthday. Also in 1984, all states were required to draw up guidelines for judges and other officials to use in setting the amounts of child support awards. Finally, the 1984 amendments required states to adopt income withholding for child support after a one-month lapse in payment.

Immediate withholding

Beginning in November 1990, states will be required to implement immediate wage withholding under child support orders for all cases handled by the Office of Child Support Enforcement. In 1994, states will be required to provide for immediate wage withholding for all support orders (regardless of whether IV-D services are used or payments are in arrears). Exceptions are to be made only if there is good cause or both parties agree to an alternative arrangement.

The size of awards

The 1984 guidelines for determining the size of child support awards will now become binding unless they are rebutted by a written finding that they would be unjust or inappropriate in a particular case. Periodic reviews and adjustments of all IV-D orders must begin five years after enactment. Four

2. *Focus*, newsletter of the Institute for Research on Poverty of the University of Wisconsin, Winter, 1988-89. The following summary of the provisions of the Family Support Act is based on or excerpted from the *Focus* summary and the November 19, 1988 *W-Memo* of the American Public Welfare Association. Information on the final regulations for the act included in the summary is drawn from the APWA *W-Memo* of December 1, 1989.

state demonstration projects have been approved to test model procedures for reviewing the amounts of individual child support awards.

AFDC recipients, who are required by law to assign all but $50 a month of child support payments to the states, will be notified on a monthly or quarterly basis of the amount of child support collected.

Paternity

Beginning in FY 92, states will be penalized if they fail to establish paternity in a given proportion of cases of children born out of wedlock and receiving AFDC or IV-D services. States will be offered federal incentives to set up procedures to require that the child and all other parties in a contested paternity case submit to genetic testing upon the request of any party. The federal government will pay 90 percent of state expenditures for laboratory costs incurred in establishing paternity. The states will also be required to obtain the social security numbers of both parents when birth certificates are issued, so that the numbers are available, as needed, to the state IV-D agency.

Locating missing parents

Previous laws have made IRS records available to parent locator services and mandated that federal and state tax refunds be used to offset overdue child support. FSA mandates similar treatment for state and federal unemployment compensation and related payment records.

A commission will be established to make recommendations to Congress for improving the interstate establishment and enforcement of child support awards.

Title II: Job Opportunities and Basic Skills Training Program (JOBS)

Under the 1988 legislation, all states must establish and operate a JOBS program, the purpose of which is to assure that needy families with children obtain the education, training and employment necessary to avoid long-term welfare dependence. States have a great deal of latitude in designing their programs, but all must be approved by the HHS Secretary at least once every two years. By October 1, 1992, a JOBS program must be operating in each political subdivision of the state where it is feasible to do so.

The state agency in charge of AFDC must assess each participant's need for educational, child care and supportive services; her work experience

and skills; and her family circumstances. In consultation with the individual, the state agency must develop an employability plan describing the activities in which she will participate and the JOBS services to be provided. Information must be provided on available child care and, upon request, the state agency must provide assistance in obtaining child care services for individuals required to participate in the JOBS program.

The JOBS program must include education, job skills training, job development and placement, and job readiness activities. At least two of the four following options must be provided: job search, a community work experience program (CWEP) or other work experience program, work supplementation and on-the-job training. Post-secondary education may also be offered; and other education, training and employment activities can be provided, if approved by the HHS Secretary.

Up to five states will be permitted to operate demonstrations that will provide services under the JOBS program to unemployed noncustodial parents who are unable to meet their child support obligations.

Participation

To the extent that the JOBS program can be made available, all AFDC recipients will be required to participate if they have child care. Applicants and exempt recipients will be allowed to volunteer.

Exempt individuals are those who are ill, incapacitated, of advanced age, needed at home to care for another, already working 30 hours or more weekly, under age 16 or a full-time student, in at least the second trimester of a pregnancy, living in an area where the JOBS program is not available, or—except in the case of parents under 20—the caretaker of a child under age 3 (or, at state option, a child younger than age 3 but not younger than 1).

Parents under age 20 without high school degrees must participate in educational activities unless such participation is considered inappropriate for a certain individual. Regardless of the age of their children, these participants can be required to take part in educational activities on a full-time basis. With the exception of these parents, participation for a parent or other relative caring for a child under age six must not exceed 20 hours per week.

Those required to participate who fail to do so or who refuse to accept legitimate employment offers without good cause will be subject to sanctions: Their AFDC payments will be reduced by the amount that is considered to cover the adult's needs, and if possible, the payment will be made to a third party. For a first failure to comply, the sanctions will continue

until the individual participates in the program; for a second failure, the sanction will last until the individual cooperates or for three months, whichever is longer. For a third failure the sanction will last six months. When a person who fails to participate lives in a family containing two adults, both will lose their portion of the AFDC benefit.

Funding

The federal government will pay 90 percent of JOBS expenditures up to the amount of each state's WIN allotment for FY 87 (which came to $126 million for all the states). In addition, it will reimburse states at the Medicaid matching rate[3] (but never less than 60 percent) for nonadministrative costs and costs of personnel working full-time on the JOBS program, and at 50 percent for administrative costs.

In an effort to encourage states to focus their efforts on the groups most likely to become long-term recipients, the law stipulates that federal matching will be reduced to 50 percent unless at least 55 percent of the funds are spent on the following target groups: (1) families in which the custodial parent is under age 24 and has not completed high school; (2) families in which the custodial parent is under age 24 and has had little or no work experience in the previous year; (3) families who have received assistance for more than 36 months during the preceding five years; or (4) families in which the youngest child is within two years of being ineligible for assistance because of age.

Within the target groups, states are required to give first consideration to volunteers. Federal funding will also be reduced unless states meet participation rates ranging from 7 percent in FY 90 to 20 percent in FY 95.

Title III: Supportive Services for Families

The act requires states to guarantee child care for each family with dependent children if such care is determined to be necessary for a parent to accept employment, remain employed or participate in an approved education, training or work activity.

The act requires states to guarantee child care for 12 months following the month a family becomes ineligible for AFDC due to increased earnings, increased hours of employment, or loss of earned income disregards (the

3. The Medicaid matching rate–the percentage of Medicaid paid by the federal government–varies by state and is inversely related to per capita income. It ranges from 50 to 80 percent.

amount of monthly earned income that the law allows the program to disregard in calculating the size of the benefit). Families are required to contribute to the cost of this "transitional" child care according to a state-established sliding fee scale based on ability to pay.

States may guarantee child care by: providing it directly; service contracts or vouchers; reimbursing the family in cash or through use of the child care disregard (the amount of earnings that can be set aside for child care before the size of the grant is reduced); or other arrangements determined appropriate by the state.

When the state agency arranges for child care, it must take into account the individual needs of the child. The regulations state that if more than one type of care is available, parents or caretaker relatives should be able to choose the type that they prefer.

Federal reimbursement for child care provided during participation in education, training and employment, as well as during the 12-month transitional period, is provided as an open-ended entitlement not subject to the ceiling on JOBS program funds. The federal matching rate is set at each state's Medicaid matching rate, but no lower than 60 per cent.

If a state makes payments to the family for the cost of child care, the payment must be at least the lower of the actual cost of such care or the child-care disregard of $175 per month for children age two and older, or $200 per month for children under age two. The maximum payment may not exceed the local market rate as determined by a state survey or sample of providers or slots that cover all political subdivisions of local child care markets. Furthermore, federal regulations generally limit the availability of federal funds to no more than the 75th percentile of the local market rate.

The final regulations preclude the use of federal funds for recruitment and training of child care providers, licensing or resource development. The preamble clarifies, however, that funding at the 50 percent match rate is available for development of resource and referral systems and the costs of matching recipient needs to available resources.

According to the regulations, federal reimbursment for child care is disallowed for the care of children under 13 years of age, except when the children are physically or mentally incapable of self-care, would be AFDC recipients except for their receipt of SSI or foster care payments, or are under court supervision.

To be eligible for federal reimbursement, child care must meet applicable standards of state and local law and allow parental access. States must also establish procedures to assure that center-based child care is subject to state and local requirements designed to ensure the child's basic health and safe-

Correction:

On page 51, "under 13 years" should read "over 12 years."

ty, including fire protection. States must also endeavor to develop similar guidelines for family-based child care.

The act authorizes $13 million in each of fiscal years 1990 and 1991 for grants to states to improve their child care licensing and registration requirements and procedures, and to monitor the provision of child care to AFDC children.

States are required to provide payment or reimbursement for transportation and other work-related expenses or supportive services that are determined to be necessary for an individual's JOBS participation.

Families losing AFDC eligibility because of increased employment or earnings or loss of an earned income disregard will remain eligible for Medicaid for up to a year. During the second six months of the period, states may charge families premiums for this coverage if family income exceeds the federal poverty line.

Title IV: Related AFDC Amendments

All states will be required to have an AFDC-UP (unemployed parent) program by October 1, 1990. Because it was assumed that AFDC led to the breakup of families when it was available only to single parents, AFDC-UP was established in 1961 to permit jobless fathers to live at home without disqualifying their families for welfare. The unemployed parent must work fewer than 100 hours a month and must be the family's principal breadwinner. Thus far, however, the program has been optional, and only about half of the states have participated.

A state that did not operate the AFDC-UP program before the enactment of FSA may limit the number of months a family can receive cash benefits. In no case, however, may an eligible family's benefits be limited to less than 6 months in any 12-month period. All AFDC-UP families must remain eligible for Medicaid on an ongoing basis, regardless of whether or not a state limits cash benefits.

The act gives states the option of requiring any parent in an AFDC-UP program to participate in one or more JOBS activities for up to 40 hours per week per person.

The act raises earned-income disregards from $75 to $90. The disregard for child care was raised from $160 a month to $175 (or $200 if the child is under age 2).

States are allowed to require single parents who are minors to reside with their own parents (or with adult relatives or a guardian) in order to obtain AFDC.

A study will be carried out under the auspices of the National Academy of Sciences to determine the appropriate size of AFDC payments.

Title V: Demonstration Projects

The law authorizes a number of demonstration projects. For projects to encourage innovative education and training for children, $6 million a year has been authorized for 1990-92. For projects to employ parents receiving AFDC as paid child care providers, $1 million has been authorized for 1990-92. To increase compliance with provisions of court orders allowing non-custodial parents to have access to their children, $4 million has been authorized for each of two years, 1990-91.

A project to expand the number of job opportunities available to the poor is open to between five and ten nonprofit organizations. Authorization has been provided for projects to furnish counseling and services to high-risk teenagers and to examine alternative definitions of unemployment to use in the AFDC-UP program.